

IAP20 Rec'd PCT/PTO 01 FEB 2006

Application Data Sheet

## Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	OSTEOGENESIS PROMOTER
Attorney Docket Number::	8062-1035
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: MUTSUMI  
Middle Name::  
Family Name:: MOTOURI  
Name Suffix::  
City of Residence:: TOKOROZAWA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 287-20, HIGASHIARAI-CHO  
Address:: SAITAMA  
City of Mailing Address:: TOKOROZAWA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 359-0034

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HIROAKI  
Middle Name::  
Family Name:: MATSUYAMA  
Name Suffix::  
City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 102-21, OHFUKUROSHINDEN  
Address:: SAITAMA  
City of Mailing Address:: KAWAGOE-SHI

State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-1167

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: YOSHIKAZU  
Middle Name::  
Family Name:: MORITA  
Name Suffix::  
City of Residence:: KAWOGOE-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing GREENPALACE 302, 6-2  
Address:: SANKOU-CHO, SAITAMA  
City of Mailing Address:: KAWOGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-0067

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: ATSUSHI  
Middle Name::  
Family Name:: SERIZAWA  
Name Suffix::  
City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 3-4-1-704, MINAMIDAI

Address:: SAITAMA  
City of Mailing Address:: KAWAGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-1165

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: HIROSHI  
Middle Name::  
Family Name:: KAWAKAMI  
Name Suffix::  
City of Residence:: KAWAGOE-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing 204-5, FUJIMA  
Address:: SAITAMA  
City of Mailing Address:: KAWAGOE-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 350-1142

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2004/011689	8/13/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2003-293829	8/15/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::